

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | | | | | | | SERIAL NO. | FILING DATE |
|--|----------|------|------------------------|------|------------------------|------|--------------|-------------|
| | | | | | | | APPLICANT(S) | |
| CLAIMS | | | | | | | | |
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | |
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | |
| 1 | 1 | | | | | | | |
| 2 | | 1 | | | | | | |
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| 14 | | 10 | | | | | | |
| 15 | | 10 | | | | | | |
| 16 | | 11 | | | | | | |
| 17 | | 1 | | | | | | |
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| 23 | | 3 | | | | | | |
| 24 | | 1 | | | | | | |
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| 26 | | 1 | | | | | | |
| 27 | | 1 | | | | | | |
| 28 | 1 | | | | | | | |
| 29 | | 1 | | | | | | |
| 30 | | 2 | | | | | | |
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| 32 | 1 | | | | | | | |
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| TOTAL IND. | 4 | | | | | | TOTAL IND. | |
| TOTAL DEP. | 49 | | | | | | TOTAL DEP. | |
| TOTAL CLAIMS | 51 | | | | | | TOTAL CLAIMS | |

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